

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000022582

1. Entity Name

LISTS BY DESIGN, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90033 005 ***150.00

Principal Place of Business
1995 E OAKLAND PARK BLVD
SUITE 250
FORT LAUDERDALE FL 33306
US

Mailing Address
1995 E OAKLAND PARK BLVD
SUITE 250
FORT LAUDERDALE FL 33334-1106
US

2. Principal Place of Business
120 E. Oakland Park Blvd.

3. Mailing Address
120 E. Oakland Park Blvd.

Suite, Apt. #, etc.

Suite #102

Suite, Apt. #, etc.

Suite #102

City & State
Fort Lauderdale, Florida

City & State
Fort Lauderdale, Florida

4. FEI Number 65-0569847

Applied For
Not Applicable

Zip Country
33334 - -

Zip Country
33334 - -

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLUMBERG, RICHARD L
901 NW 58TH COURT
FORT LAUDERDALE FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS BLUMBERG, RICHARD L
CITY-ST-ZIP 1995 E OAKLAND PARK BLVD SUITE 250
FORT LAUDERDALE FL 33306

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 120 E. Oakland Park Blvd., Suite #102
CITY-ST-ZIP Fort Lauderdale, Florida 33334

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)